

Research Statement

Mental health inequities among Hispanic/Latino immigrant families are often framed as problems of individual access. My research begins from a different premise: equitable care depends on the systems in which families seek help, the workforce navigating those systems alongside them, and the ability of family-centered interventions to meaningfully engage caregivers, including fathers. As a bilingual clinical social worker, researcher, and educator, my research mission is to strengthen behavioral health systems so that culturally and linguistically responsive care is accessible, sustainable, and responsive to the needs of entire families. I integrate immigrant family mental health, provider well-being, organizational and structural inequities, fathers' and men's mental health, mixed-methods, and community-engaged approaches to develop actionable strategies for mental health equity.

This agenda emerged from clinical work with Spanish-speaking children and families navigating language barriers, immigration-related stress, discrimination, and limited culturally responsive services. I repeatedly saw bilingual providers become a bridge between families and fragmented systems, providing psychotherapy while also helping families navigate schools, housing, legal systems, and other social needs. These experiences shifted my research from documenting disparities alone toward asking a systems-level question: what must change in behavioral health organizations and communities so that both families and the providers serving them can thrive?

My research program advances three interconnected aims. **Aim 1:** Explain the Hispanic/Latino behavioral health workforce paradox by identifying the cultural, organizational, and structural factors that shape how Spanish-speaking providers sustain well-being and professional engagement despite substantial workplace and systemic demands. **Aim 2:** Identify and address barriers to mental health care in partnership with Latino communities by examining how language, immigration-related experiences, and organizational and structural conditions shape service utilization and engagement through a mixed-methods approach, while using community-engaged research to co-develop culturally and linguistically responsive solutions. **Aim 3:** Strengthen fathers' and men's engagement in family mental health care by examining how behavioral health systems can more effectively reach, engage, and retain men in evidence-based, family-centered interventions. Together, these aims connect workforce sustainability, equitable access, community partnership, and family-centered intervention research to build more responsive behavioral health systems.

Past and Current Research

My scholarship examines access, family well-being, and behavioral health systems. In a scoping review of family-based interventions for immigrant and refugee children, my colleagues and I identified the need to address intergenerational trauma and contexts shaping immigrant family well-being (Hong, Chaidez Ruacho, Zeng, & Franklin, 2025). I then led research using National Health Interview Survey data documenting disparities in mental health service utilization among Spanish-speaking Hispanic adults and children and the importance of language and gender in understanding access to care (Chaidez Ruacho, Fuentes-Balderrama, & Cubbin, 2025). Extending this work, I co-authored research examining how language and parental nativity shape specialty service use among Latino families of children with intellectual and/or developmental disabilities (Lee, Chaidez Ruacho, Vanegas, & Magaña, 2026). In a manuscript in preparation, I also examine Medical-Legal Partnerships (MLPs) as an organizational strategy for supporting Spanish-speaking mental health providers whose roles extend to advocacy and navigation of legal and social service systems (Chaidez Ruacho, Noel, & Valdez, in preparation). Together, these studies demonstrate how language, migration, family context, workforce conditions, and service systems interact to produce inequities in care.

My community-engaged qualitative research complements this work. Through collaborations with community organizations and healthcare partners, I have conducted focus groups and interviews with Latino immigrant families and Hispanic/Latino mental health providers to identify barriers to care, community-defined solutions, and needed organizational resources. This work reinforces my commitment to partnering with communities to define research questions, interpret findings, and translate evidence into practice and policy.

My dissertation brings these strands together by examining an understudied component of mental health equity: the Spanish-speaking behavioral health workforce. Using an explanatory sequential mixed-methods design guided by the Job Demands-Resources (JD-R) model and Latina/o Critical Theory (LatCrit), I examine how workplace demands, organizational resources, cultural identity, and sociopolitical conditions shape strain, motivation, professional accomplishment, and well-being among Hispanic/Latino Spanish-speaking mental health providers serving immigrant families. I also examine expanded roles beyond psychotherapy, including advocacy across housing, education, legal, and immigration systems. By integrating workforce science with structural and cultural context, this research moves beyond conventional burnout models to identify both the demands experienced by bilingual providers and the culturally and organizationally grounded resources that sustain them.

My third research aim centers fathers' and men's mental health as an essential component of family mental health equity. At the Yale Child Study Center, my clinical and research work with Fathers for Change (F4C) examines how behavioral health systems engage men as individuals, fathers, partners, and caregivers. Bringing an intersectional lens to this work, I examine how language, culture, gender, and immigration-related experiences shape engagement, with particular attention to improving interventions for Spanish-speaking fathers. Through Parents for Change, an adapted version of F4C, I am extending this work to examine the implementation of family-focused interventions in pediatric and community settings, including their acceptability, feasibility, cultural responsiveness, and attention to trust, privacy, and access. This research aims to boost caregiver engagement, particularly focusing on fathers' involvement in evidence-based care, while also enhancing parenting skills, co-parenting dynamics, and overall family mental health.

Future Research Directions

My long-term goal is to build an interdisciplinary, externally funded program of research that strengthens behavioral health systems by improving conditions for immigrant families, supporting the workforce serving them, and expanding the reach of family-centered interventions. This agenda will advance across the three interconnected aims that organize my research program.

First, I will identify organizational practices, supervisory models, and culturally grounded resources that promote retention and well-being among bilingual and bicultural mental health professionals. Building from my dissertation, I will examine how organizational support can reduce the added labor associated with language brokering, advocacy, and navigation of fragmented social systems. This work can inform organizational interventions and workforce policies that move responsibility for equity from individual providers to the systems in which they practice.

Second, I will examine how language, immigration-related conditions, community resources, and organizational responsiveness shape immigrant families' engagement with mental health care and partner with communities to develop solutions that address these barriers. Using mixed-methods and community-based participatory approaches, I will connect population-level patterns in service utilization with the experiences and priorities of families and providers to identify modifiable factors affecting trust, access, and continuity of care. This work will inform the co-development and evaluation of culturally and linguistically responsive interventions and systems-level strategies, including interdisciplinary models such as Medical-Legal Partnerships that address social determinants of health while strengthening organizational capacity to serve immigrant families.

Third, I will expand my research on fathers' and men's mental health by testing strategies that improve their engagement and retention in family-centered behavioral health services. Building on Fathers for Change and Parents for Change, I aim to identify culturally responsive and implementation-informed approaches that reach fathers across clinical and community settings and examine how strengthening men's mental health, parenting, and co-parenting can improve outcomes across the family system.

Across these studies, my central contribution is to reframe mental health equity as a systems challenge encompassing family access, workforce sustainability, linguistic responsiveness, community partnership, and the meaningful inclusion of fathers and men in family care. By working alongside immigrant communities, bilingual providers, fathers and families, and service organizations, I aim to generate evidence that informs interventions, organizational practices, and policy while building behavioral health systems in which equitable care is both effective and sustainable.